CDI REFERRAL FOR POTENTIAL ADMINISTRATIVE SANCTIONS CASE

TO FIELD OFFICE:	
NAME:	
SSN/BOAN:	
CLAIM # (if different):	
consideration.	to the Field Office for Administrative Sanction
Criminal or Civil Prosecution by	the Department of Justice:
Accepted Date	Declined Date
Civil Monetary Penalty by the Of	fice of Chief Counsel to the Inspector General:
Accepted Date	Declined Date
CDI Unit Representative	Date
Representative Phone Number	